Please type a plus sign (+) inside this box

Based on PTO/SB/05

OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| UTILITY |
|--------------------|
| PATENT APPLICATION |
| TRANSMITTAL |

| Attorney | Docket No. | 01-560 | | РТ 36 |
|----------------|-----------------|-------------------|-----------------|----------|
| - First Inv | entor or Applic | cation Identifier | ITO et al. | J.S. |
| Title | SEMICON | DUCTOR INT | EGRATED CIRCUIT | 8/ |

(Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b))

| Attorne | y Docket No. | 01-560 | | PT | 98 | |
|---|------------------|--------|------------|------|----|--|
| First In | ventor or Applic | | ITO et al. | J.S. | 5 | |
| Title SEMICONDUCTOR INTEGRATED CIRCUIT DEVICE AND MICROCOMPUTER DEVELOPMENT ASSISTING APPARATUS | | | | | | |
| Expres | s Mail Label No | | | 15 | _ | |

| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, VA 22313-1450 | | | | | | |
|---|--|--|--|--|--|--|--|
| 1. X * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. X Specification {Total Pages 28} -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention | Microfiche Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) Computer Readable Copy Paper Copy (identical to computer copy) Statement verifying identity of above copies | | | | | | |
| · | | | | | | | |
| -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure 3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 4. Oath or Declaration [Total Sheets 4] a. X Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed in ventor(s) named in the prior application, see 37 C.F.R. § \$ 1.63 (d)(2) and 1.33 (b). MOTE FORTIEMS 1.8 13: IN OFFICE TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.28) Statement (12 Cover sheet & document(s)) ASSIgned Statement (when there is an assignee) 9. English Translation Document (if applicable) 10. X Information Disclosure X Copies of IDS Citations 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (should be specifically itemized) 13. Statement (ibed in prior application (13 Cert.) (if foreign priority is claimed) 14. Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. Other: | | | | | | | |
| 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group/Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | |
| ☐ 17. CORRESPONDE ☐ Customer Number or Bar Code Label 234 | | | | | | | |
| (Insert Customer No. or At | | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| City State | Zip Code | | | | | | |
| Country Telephone | (703) 707-9110 Fax (703) 707-9112 | | | | | | |
| Name (Print/type) DAVID G. POSZ Signature | Registration No. (Attorney/Agent) 37,701 Date February 26, 2004 | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, Arlington, VA 22202.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| F | E | E | T | R | Α | N | S | M | 17 | 7 | A | L |
|---|---|---|----|---|---|---|---|---|----|---|---|---|
| | | (| fo | r | F | Y | 2 | 0 | 04 | 1 | | |

Effective 10/01/2003. Patent fees are subject to annual revision.

810

Applicant Claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT

| Complete il Known | | | | | |
|----------------------|-------------------|--|--|--|--|
| Application Number | · | | | | |
| Filing Date | February 26, 2004 | | | | |
| First Named Inventor | ITO et al. | | | | |
| Examiner Name | | | | | |
| Art Unit | | | | | |
| Attorney Docket No. | 01-560 | | | | |

| METHOD OF PAYMENT (check all that apply) | | | | F | EE CALCULATION (continued) | |
|--|--------|------------------|-----------|----------------------|---|----------|
| X Check Credit card Money Order None | | DDITIO Entity | | EES Entity Fee | | Fac Daid |
| | Code | (\$) | Code | (\$) | Fee Description | Fee Paid |
| Deposit Account Number 50-1147 | 1051 | 130 | 2051 | 65 | Surcharge – late filing fee or oath | |
| Deposit Account Name POSZ & BETHARDS, PLC | 1052 | 50 | 2052 | 25 | Surcharge – late provisional filing fee or cover sheet | |
| The Commissioner is authorized to: (check all that apply) | 1053 | 130 | 1053 | 130 | Non-English specification | |
| Charge fee(s) indicated below Credit any overpayments | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | |
| X Charge any additional fee(s) during the pendency of this application | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| FEE CALCULATION | 1251 | 110 | 2251 | 55 | Extension for reply within first month | |
| 1. BASIC FILING FEE | 1252 | 420 | 2252 | 210 | Extension for reply within second month | |
| Large Entity Small Entity | 1253 | 950 | 2253 | 475 | Extension for reply within third month | |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) Fee Paid | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | |
| 1001 770 2001 385 Utility filing fee 770 | 1255 | 2,010 | 2255 | 1005 | Extension for reply within fifth month | |
| 1002 340 2002 170 Design filing fee | 1401 | 330 | 2401 | 165 | Notice of Appeal | |
| 1003 530 2003 265 Plant filing fee | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | |
| 1004 770 2004 385 Reissue filing fee | 1403 | 290 | 2403 | 145 | Request for oral hearing | |
| 1005 160 2005 80 Provisional filing fee | 1451 | 1,510 | 1451 | 1.510 | Petition to institute a public use proceeding | |
| | 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable | |
| SUBTOTAL (1) (\$) 770 | 1453 | 1,330 | 2453 | 665 | Petition to revive – unintentional | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | |
| Fee from Extra Claims below Fee Paid | 1502 | 480 | 2502 | 240 | Design issue fee | |
| Total Claims 15 -20**= 0 x 18 = 0 | 1503 | 640 | 2503 | 320 | Plant issue fee | |
| Independent Claims 2 - 3**= 0 × 86 = 0 | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | 1 |
| Multiple Dependent = | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| Large Entity Small Entity | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | 8021 | 40 | 8021 | 40 | Recording each patent assignment per | 40 |
| 1202 18 2202 9 Claims in excess of 20 | 1809 | 770 | 2809 | 385 | property (times number of properties) Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1201 86 2201 43 Independent claims in excess of 3 | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | |
| 1204 86 2204 43 **Reissue independent claims over original patent | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |
| 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent | | | | | or a design approaudn | |
| SUBTOTAL (2) (\$) 0 | Other | fee (spec | cify) | | | |
| " or number previously paid, if greater; For Reissues, see above | *Reduc | ed by Bas | ic Filing | Fee Paid | SUBTOTAL (3) (\$) 40 | |
| SUBMITTED BY | | | | | Complete (if applicable) | |

Registration No. Name (Print/Type) **DAVID G. POSZ** 37,701 Telephone (703) 707-9110 (Attorney/Agent) Signature February 26, 2004 Date

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.